

Deposit Form

Special Olympics
New Hampshire



- ☐ Local Program or
☐ Unified Champion School

Name of Local Program or Unified Champion School: _____

Your name: _____ Date: _____

Email: _____ Phone: _____

Please total the funds being deposited and list below:

Total Donations \$ _____ **Total Fundraising** \$ _____

Please tell us any additional information you have about these funds:

Examples include: We had a bake sale. These are memorial donations in honor of Jane Doe. We had a bowl-a-thon.

Donors to Thank

We will thank all donors that have provided contact information (through their check or accompanying information). Please provide any additional information that should be included in the thank-you letter.

Please provide any additional names of donors that should be thanked.

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address _____

Funds raised by or donated to a Local Program or Area must be submitted to the SONH office via Emily Kunelius at EmilyK@sonh.org for deposit with a completed **Deposit Form**. Deposits will be processed within five days of receipt. A thank you will be sent to all donors and a copy will be provided to the Local Program. Emily can be reached by phone at (603) 343-7719.